

**CITY OF DETROIT
FINANCE DEPARTMENT
ASSESSMENTS DIVISION
REAL PROPERTY CORRECTION FORM**

DATE: _____
PARCEL NUMBERS: _____
SECTION: _____ DIST # _____ MAP NO. _____
_____ SIDE _____ ADDRESS: _____
BETWEEN _____ AND _____

JOB DESCRIPTION: PER CUSTOMER REQUEST PLEASE **COMBINE/DIVIDE** THE FOLLOWING:

PLEASE NOTE: REVISION IS EFFECTIVE FOR THE **2013** TAX YEAR. ALL TAXES MUST BE PAID AND/OR CURRENT PRIOR TO THE PROCESSING OF THIS COMBINATION OR DIVISION REQUEST. REVISIONS WILL NOT BE MADE TO SPECIAL ACT PARCELS WITHOUT PRIOR CONSENT OF THE BOARD OF ASSESSORS. EVIDENCE OF THIS REQUEST BEING COMPLETED WILL BE SEEN ON YOUR ANNUAL NOTICE OF ASSESSMENT AND/OR YOUR JULY **2013** TAX BILL.

PLEASE PRINT THE FOLLOWING: (SEND THE COMBINED TAX BILL TO THIS ADDRESS)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NO. _____
REPRESENTING _____
SIGNATURE _____
RECEIVED BY: _____